

Why, How, & What Next: Integrative Screening in a Reproductive Health Setting

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Presentation Outline

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- ▶ What is Screening?
- ▶ The Need for Integrated Care
- ▶ Benefits of Integrated Care
- ▶ Integrated Screening
- ▶ Assessing Readiness
- ▶ Brief Intervention & Referral to Treatment
- ▶ Putting it all together: Screening, Brief Intervention, & Referral to Treatment (SBIRT)
- ▶ Screening Tool Options

Screening versus Assessment

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► Screening

- Identify immediate, current health needs
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- Typically short in length and quick to administer & score

► Assessment

- Comprehensive; usually considers all domains of functioning
- Individualized to meet needs & identify strengths
- Gathers key information & enables practitioner to identify health concerns or diagnoses and identify strengths and barriers that may impact treatment engagement
- Establishes a baseline of signs, symptoms, behavior to allow ongoing monitoring of progress

We will get back to this ☺

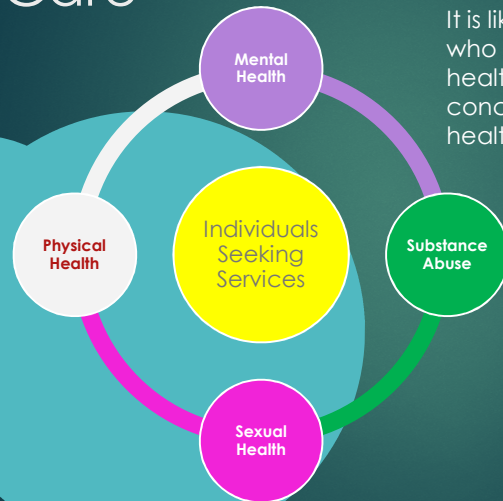
(Technical Assistance Partnership for Child and Family Mental Health, 2013)

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Why?
The Need for Integrated
Care

The Need for Integrated Care

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It is likely that individuals who seek reproductive health services have concerns across many health domains.

Co-Occurring Disorders

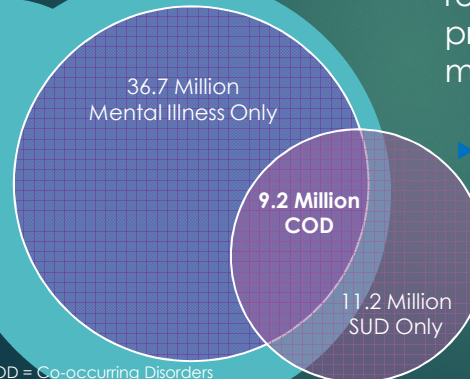
- ▶ The perfect place to see the need for client centered collaboration and for integrated care
- ▶ Mutually complicating conditions that are significantly challenging for the individual to manage and together create an interactive set of problems that involve biological, psychological, social, spiritual, and systems dimensions.
- ▶ These problems test the breadth and depth of any treatment program and present significant barriers for integrated treatment

Co-occurring Behavioral Health Disorders

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- High-degree of overlap between mental health and substance use disorders

Behavioral health disorders may exacerbate or be related to other health problems and chronic medical conditions.

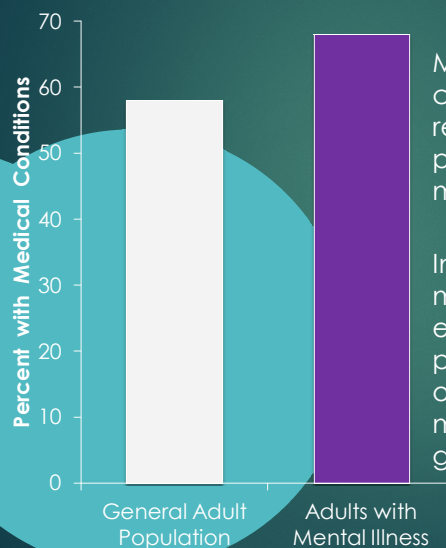


- ▶ For example, individuals with serious mental illness die on average 25 years earlier than the general population, largely due to untreated medical conditions.

(NSDUH, 2010; SAMHSA, 2013)

Mental Health & Medical Conditions

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Mental health disorders can exacerbate or be related to other health problems and chronic medical conditions.

Individuals with serious mental illness die 25 years earlier than the general population, largely due to other risk behaviors and medical conditions that go untreated.

(SAMHSA, 2013a)

Behavioral Health & Infectious Diseases

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- Individuals with behavioral health concerns are more likely to be diagnosed with HIV and other infectious diseases compared to the general population:

	General Population	Mental Illness (no co-occurring)	SMI + SUD (co-occurring)
HIV	0.4%	4.8%	6.0%
HCV	1.5%	5.0%	25.0%
Rates of infection are dramatically higher when additional risk factors (e.g., injection drug use, sex/drug-linked behavior) are present			

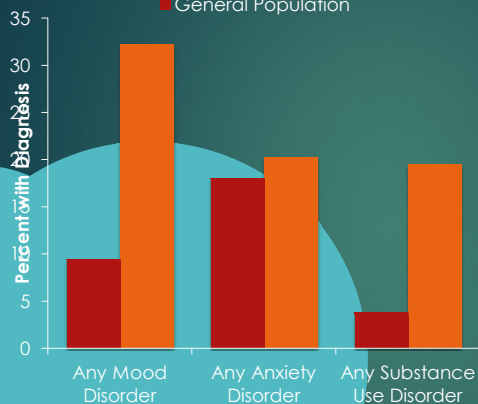
- Among SMI patients who are HIV+, 57% are also co-infected with HCV (versus 25% in general population)

(Blank et al., 2014; Rosenberg et al., 2001, 2005; Himelhoch et al., 2011; SAMHSA, 2007, 2011)

HIV & Behavioral Health

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■ General Population



- Among people diagnosed with HIV, 37% reported a drug or alcohol risk behavior in the previous 30 days

- 27%: cocaine use
- 23%: marijuana use
- 22%: alcohol use
- 19% active IDU

- 25% of people with HIV are using substances at a level that warrants treatment.

HIV+ individuals:

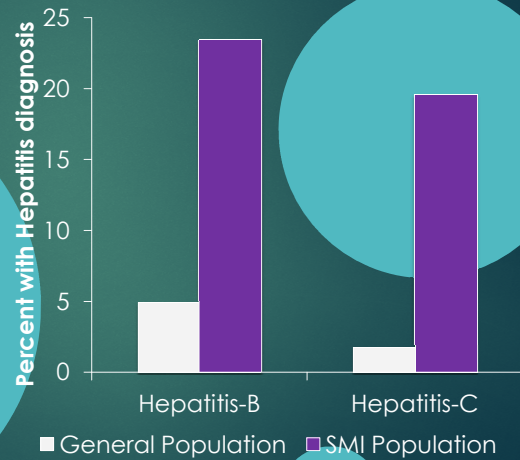
- 3 times more likely to have mood disorder
- 5 times more likely to have a substance use disorder

(CDC, 2008; SAMHSA, 2007, 2011; Wells et. al., 2006)

Severe Mental Illness & Hepatitis Prevalence

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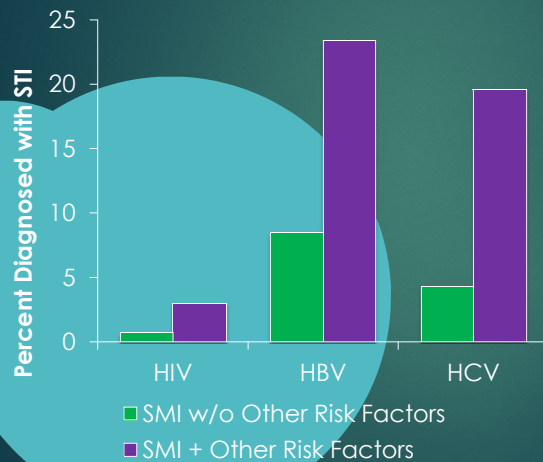
Prevalence rates of HBV (23.4%) and HCV (19.6%) in SMI populations are roughly 5 and 11 times the overall estimated population rates, respectively.



(Rosenberg et al., 2001)

SMI, HIV, and Hepatitis Impact of Other Risk Factors

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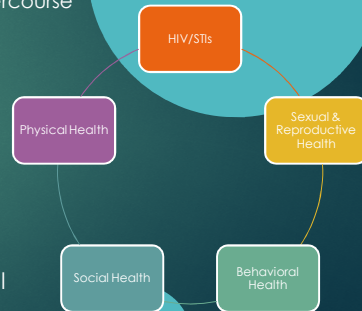
There is a dramatic difference in rates of HIV, HBV, & HCV infection within the SMI population when the individual also has additional risk factors (e.g., injection drug use, substance use disorder, sex work, other STIs).

(Rosenberg et al., 2001)

Implications for Female Sexual & Reproductive Health

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- ▶ Relation to Behavioral Health:
 - ▶ Depression & Post-Partum Depression
 - ▶ 8% of pregnant women report depressive episode in past 12 mos
 - ▶ 8-19% of women have post-partum depression symptoms
 - ▶ Impact of Trauma on Sexual Health & Functioning
 - ▶ Unwanted pregnancy, infertility, painful intercourse
 - ▶ Substance Use
 - ▶ Less engagement in sexual & reproductive health services
- ▶ Relation to HIV/STIs:
 - ▶ Substance use:
 - ▶ More engagement in high-risk behavior
 - ▶ Higher rates of STIs/HIV
 - ▶ HIV/STIs: negative consequences on reproductive health (e.g., fetal & neonatal death, infertility, cervical cancer)



Implications for Male Sexual & Reproductive Health

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- ▶ Depression/Suicidal Ideation
 - ▶ Individuals experiencing depressive symptoms and/or suicidal ideation may not seek out these services on their own
 - ▶ Johnson et al. (2012) found higher numbers of adolescents males reporting depressive symptoms during routine reproductive health visits as compared to large scale prevalence studies, suggesting these may be viable settings for identifying mh concerns
- ▶ Substance Use
 - ▶ Cigarette smoking is single most preventable cause of disease/death.
 - ▶ Men who smoke 20+ cigarettes daily have a 60% higher chance of experiencing erectile dysfunction than non-smokers
 - ▶ Alcohol/drug use increase sexual difficulties
 - ▶ Alcohol lowers testosterone; can cause difficulty with ejaculation
 - ▶ Effects of other illicit substances
 - ▶ Men who use alcohol/drugs are more likely to have multiple sexual partners, have unprotected sex, and contract STIs.

Case Example: Jessica

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- ▶ 23 y/o African American female
- ▶ Presents to reproductive health clinic for birth control
- ▶ Pt is given prescription for birth control pill. At her next follow-up, it is revealed that she never started it and is concerned she may be pregnant or have an STI.

Benefits of Integrated Care

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Benefits of Integrated Care

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- ▶ We need to treat people not diagnoses
- ▶ Focus on the *whole* person, rather than one symptom, issue, or area of concern.
- ▶ Ability to focus on overall health and well-being rather than illness.



(Chester, 2013; Shim et al., 2012; Stephens, 2012)

Benefits of Integrated Care

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- ▶ Collaboration among different healthcare providers to:
 - ▶ Improve screening and access to care for multiple health concerns.
 - ▶ Incorporate preventive strategies across health domains.
- ▶ Focusing on primary care concerns of people with mental illness can reduce the life expectancy gap between those with SMI and the general population.
- ▶ Incorporating mental health screening into primary care and reproductive health settings can "catch" those individuals who may be initially reluctant to seek mental and/or substance use health treatment.
- ▶ Addressing individual's problems as a whole person may increase treatment engagement and response

(Chester, 2013; Shim et al., 2012; Stephens, 2012)

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Integrated Care begins with Integrated Screening

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Screening versus Assessment

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(Technical Assistance Partnership for Child and Family Mental Health, 2013)

Why Screen Across Multiple Areas?

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- ▶ Addresses under- or untreated & preventable conditions that affect other health conditions
- ▶ Reduces barriers to care by delivering an approach that meets individuals' multiple health needs
- ▶ Focused on the *WHOLE* person versus focusing on one aspect known to impact health and overall functioning



Back to Jessica...

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- ▶ If we had done a comprehensive/integrated screening with Jessica, we would have learned that she....
 - ▶ Had a number of depressive symptoms related to a recent trauma (death of her mother)
 - ▶ Often drank alcohol to cope with these symptoms
 - ▶ Engaged in riskier sexual behavior (multiple partners) when she was drinking

These other factors, which don't *seem* like they are related to reproductive health got in the way of Jessica following through on her birth control prescription and placed her at risk of developing STIs/unwanted pregnancy

Integrated Screening

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- ▶ Determines the likelihood that an individual is experiencing problems or concerns across multiple health domains
- ▶ Expedites entry into appropriate services & can include exploration of service needs (e.g., medical, housing, trauma, etc.)
- ▶ Goal is to identify individuals who may have co-occurring disorders & related service needs
- ▶ Individuals who screen positive are then referred to in depth assessment

(SAMHSA, 2013b)

PUTTING IT ALL TOGETHER: Screening, Brief intervention, and Referral to treatment

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Possible Outcomes

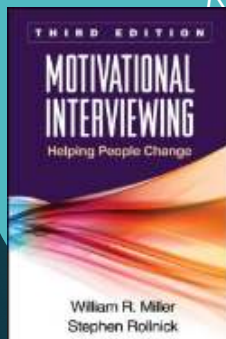
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- ▶ **Negative Screen:** No further action required
- ▶ **Positive Screen:** Brief Intervention
 - ▶ For clients with low interest in addressing concerns/changing behavior
 - ▶ Plant a seed for future change
- ▶ **Positive Screen:** Brief Intervention & Referral
 - ▶ For clients with greater interest in addressing concerns/changing behavior
 - ▶ Refer for further assessment and/or treatment
 - ▶ Take advantage of "teachable moments" to capture attention and motivate change

(Center for Community Collaboration, 2012)

"The way in which you talk with patients about their health can substantially influence their personal motivation for behavior change."

~Rollnick & Miller, developers of Motivational Interviewing



Assessing Readiness

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- ▶ Clients will be at different levels of readiness:
 - ▶ At different points in treatment
 - ▶ For different health concerns
- ▶ An important goal of a Brief Intervention is to:
 - ▶ Identify a client's current readiness for change for each issue
 - ▶ Tailor the approach to promote increased motivation for change

The effectiveness of Brief Interventions is related to the adaptation of an approach to match the client's readiness to change

The Style that Works Best with Brief Interventions

- ▶ Patient centered communication
- ▶ Motivational Interviewing (MI) Style/Spirit, which includes:
 - ▶ Empathy and collaboration
 - ▶ Caring concern
 - ▶ Appreciation for patient's experiences and opinions
 - ▶ Aiming to elicit patient's motivation to change

Determine Referral Need

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- ▶ 3 referrals based on level of risk/symptom severity and client's response to BI:
 - ▶ **Self-Help, Mutual Help, Group Support:** Discuss with clients who are at lower risk and interested in making changes on their own
 - ▶ **Initial Evaluation/Assessment:** Refer to provider within health domain to determine diagnosis and appropriate treatment options
 - ▶ **Emergent Care/Treatment:** Client with severe symptoms or at high risk may need same-day referral for emergency care services

(Center for Community Collaboration, 2012)

Identify Referral Options

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- ▶ Discuss and negotiate with client
- ▶ Develop a referral plan that is:
 - ▶ Effective: good, well-matched referral based on client need
 - ▶ Accessible: cost/insurance; transportation; plan to address barriers
 - ▶ Acceptable: negotiate where client is willing to go based on referral recommendations and his/her prior experiences

(Center for Community Collaboration, 2012)

Adequacy of the Referral

- ▶ Communication styles that impact treatment engagement and adherence
- ▶ Hot Handoff
 - ▶ Matching patient to provider, aiding in Direct contact, Meet-n-greet
- ▶ Warm Handoff
 - ▶ May match patient to provider, indirect notification to provider (e.g., note in chart, electronic message)
- ▶ Cold Handoff
 - ▶ No notification to provider, requires self-activated referral by patient

(Center for Community Collaboration, 2012)

Options for Integrative Screening

Screening Tool Options

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- ▶ http://www.integration.samhsa.gov/clinical_practice/screening-tools
- ▶ SAMHSA offers a great deal of information on integrated care and screening tools! This is a small selection of those options.
- ▶ If your agency is already screening in a variety of health domains, you may choose to supplement only a few.

Screening Tool Options

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- ▶ The Duke Health Profile
 - ▶ 17-item standardized self-report instrument containing six health measures (physical, mental, social, general, perceived health, and self-esteem), and four dysfunction measures (anxiety, depression, pain, and disability).
- ▶ M3 Clinician
 - ▶ Detects behavioral health conditions such as depression, anxiety, bipolar disorder, PTSD, and alcohol and substance abuse. 27 questions, evidence-based web/mobile screening. (5 min)

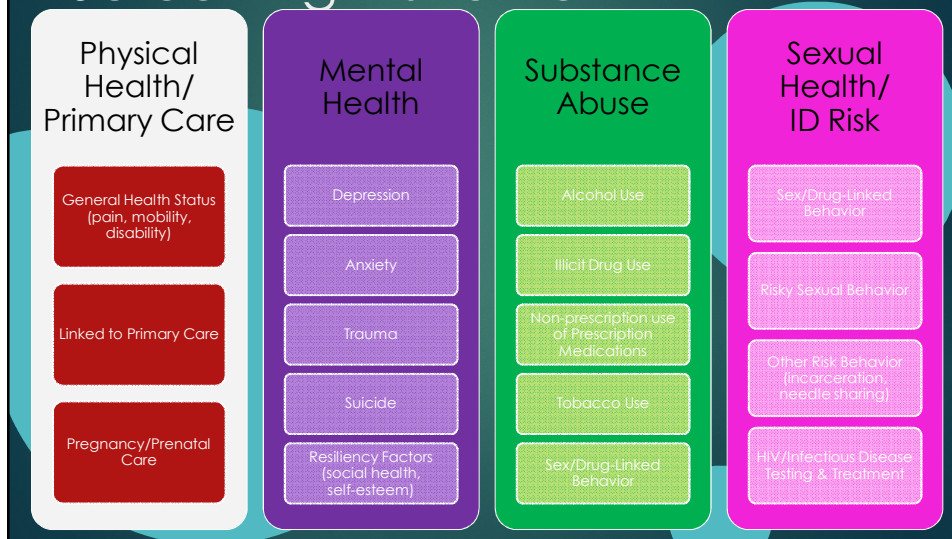
Maryland's No Wrong Door Project

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- ▶ Aim of NWD: Improve integration & comprehensiveness of direct services & referral networks for:
 - ▶ Mental Health Treatment
 - ▶ Substance Use Treatment
 - ▶ Primary Care Services
 - ▶ Infectious Disease Services: HIV and other STIs
- ▶ Integrated Screening Instrument: comprehensive, innovative instrument that **briefly** evaluates & identifies client risks and allows for appropriate treatment planning and referrals
- ▶ Development of an Integrated Referral Network: establishing an integrated referral network to provide effective and appropriate linkages to care for individuals seeking health services

Outline of Integrated Screening Instrument

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► Questions & Discussion

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